



City of Bellevue
115 E Pine Street
P. O. Box 825, Bellevue, ID 83313
208-913-0186 Fax 208-788-2092
Design Review Extension

Applicant Information			
Business / Project Name:			
Owner / Applicant Name:			
Phone #:	Fax #:	email:	
Service Location:			
Mailing Address:			
Property Physical Address:			
Property Legal Description:			
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Current Zoning: <input type="checkbox"/> Business <input type="checkbox"/> Limited Business/Res <input type="checkbox"/> Light Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Transitional			
Project Description			
Business / Project Description:			
Existing Sq Ft:	New Sq Ft:	Total Sq. Ft:	Lot Sq Ft:
Living Quarters Included? <input type="checkbox"/> No <input type="checkbox"/> Yes , please describe: _____			
Parking Requirements: (See City Code- Zoning Regulations Title 10) _____			
Extension			
Fee: \$75.00			
Estimated time to completion: _____			
NOTE- extensions are ONLY valid for 180 days from the date of expiration			
I hereby acknowledge that I have filled in this application accurately to the best of my knowledge and that I agree to comply with all City ordinances and State laws regulating building construction to the City of Bellevue, Idaho.			
X _____		Date: ____/____/____	
Signature of Contractor, Owner, or Authorized Agent			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____		Date: ____/____/____	
Official Use Only			
Date Received: _____ Check #: _____ CD Signature: _____			